

Facility Name & ID Number Glenshire Nursing & Rehab Centre # 0039321 Report Period Beginning: 1/01/2005 Ending: 12/31/2005

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7	Adjusted Total 8	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	A. General Services											
1	Dietary	331,953	48,831	24,375	405,159		405,159		405,159			1
2	Food Purchase		450,099		450,099	(23,115)	426,984	(31,094)	395,890			2
3	Housekeeping	257,764	78,153		335,917		335,917		335,917			3
4	Laundry	117,003	11,156	18,077	146,236		146,236		146,236			4
5	Heat and Other Utilities			230,479	230,479		230,479	5,135	235,614			5
6	Maintenance	87,901	44,385	107,713	239,999		239,999	8,340	248,339			6
7	Other (specify):* Allocated Employee Benefits							696	696			7
8	TOTAL General Services	794,621	632,624	380,644	1,807,889	(23,115)	1,784,774	(16,923)	1,767,851			8
	B. Health Care and Programs											
9	Medical Director			25,836	25,836		25,836		25,836			9
10	Nursing and Medical Records	2,862,803	736,326	474,794	4,073,923		4,073,923	(208,986)	3,864,937			10
10a	Therapy	185,573	2,597	450,074	638,244		638,244	(111,272)	526,972			10a
11	Activities	155,159	4,650	3,203	163,012		163,012		163,012			11
12	Social Services	121,497		2,524	124,021		124,021		124,021			12
13	CNA Training											13
14	Program Transportation			23	23		23		23			14
15	Other (specify):* Allocated Employee Benefits							27,525	27,525			15
16	TOTAL Health Care and Programs	3,325,032	743,573	956,454	5,025,059		5,025,059	(292,733)	4,732,326			16
	C. General Administration											
17	Administrative	110,511		1,794,504	1,905,015		1,905,015	(1,674,048)	230,967			17
18	Directors Fees											18
19	Professional Services			98,692	98,692	(5,000)	93,692	(21,287)	72,405			19
20	Dues, Fees, Subscriptions & Promotions			126,100	126,100	4,930	131,030	25,523	156,553			20
21	Clerical & General Office Expenses	217,080	60,376	62,271	339,727	(4,930)	334,797	372,186	706,983			21
22	Employee Benefits & Payroll Taxes			769,572	769,572	23,115	792,687		792,687			22
23	Inservice Training & Education			3,919	3,919		3,919	1,679	5,598			23
24	Travel and Seminar											24
25	Other Admin. Staff Transportation			9,273	9,273		9,273	4,439	13,712			25
26	Insurance-Prop.Liab.Malpractice			392,853	392,853		392,853	2,894	395,747			26
27	Other (specify):* Allocated Employee Benefits							73,329	73,329			27
28	TOTAL General Administration	327,591	60,376	3,257,184	3,645,151	18,115	3,663,266	(1,215,285)	2,447,981			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	4,447,244	1,436,573	4,594,282	10,478,099	(5,000)	10,473,099	(1,524,941)	8,948,158			29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

SEE ACCOUNTANTS' COMPILATION REPORT

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			123,920	123,920		123,920	416,583	540,503			30
31	Amortization of Pre-Op. & Org.			6,693	6,693		6,693	(6,693)				31
32	Interest			22,467	22,467		22,467	541,271	563,738			32
33	Real Estate Taxes					5,000	5,000	781,222	786,222			33
34	Rent-Facility & Grounds			2,488,297	2,488,297		2,488,297	(2,488,297)				34
35	Rent-Equipment & Vehicles			10,096	10,096		10,096	5,799	15,895			35
36	Other (specify):* Mortgage Insurance							55,148	55,148			36
37	TOTAL Ownership			2,651,473	2,651,473	5,000	2,656,473	(694,967)	1,961,506			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		499,406	133,274	632,680		632,680		632,680			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			160,968	160,968		160,968		160,968			42
43	Other (specify):* Non-Allowable			188,105	188,105		188,105	(188,105)				43
44	TOTAL Special Cost Centers		499,406	482,347	981,753		981,753	(188,105)	793,648			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	4,447,244	1,935,979	7,728,102	14,111,325		14,111,325	(2,408,013)	11,703,312			45

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.
In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer- ence	3 OHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income	(19,746)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,445)	43		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment	(358)	43		19
20	Contributions	(1,750)	43		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(180,833)	43		24
25	Fund Raising, Advertising and Promotional	(594)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(50)	43		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising	(1,496)	43		28
29	Other-Attach Schedule <u>See Attached Schedule F:</u>	(288,348)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (494,620)		\$	30

OHF USE ONLY							
48		49		50		51	

B. If there are expenses experienced by the facility which do not appear in the
general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense	(6,693)	31	33
34	Adjustments for Related Organization Costs (Schedule VII)	(1,906,700)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (1,913,393)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (2,408,013)		37

*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3
and 4? If so, they should be reclassified into Section E. Please
reference the line on which they appear before reclassification.
(See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.		X	\$		38
39						39
40	Gift and Coffee Shops		X			40
41	Barber and Beauty Shops		X			41
42	Laboratory and Radiology		X			42
43	Prescription Drugs		X			43
44	Exceptional Care Program	X		50,178	Ln39,Co2	44
45	Other-Attach Schedule		X			45
46	Other-Attach Schedule		X			46
47	TOTAL (C): (sum of lines 38-46)			\$ 50,178		47

SEE ACCOUNTANTS' COMPILATION REPORT

Report Period Beginning:

Ending:

ID#0039321

1/01/2005

12/31/2005

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	
1	Adjust Mgt. Co. medical supplies"A" to cost	\$ (146,033)	10	1
2	Adjust Mgt. Co. medical supplies"other" to cost	(62,953)	10	2
3	Adjust Mgt. Co. food to cost	(31,134)	2	3
4	Non-allowable professional fees	(44,617)	19	4
5	Non-allowable patient clothing	(1,579)	43	5
6	Non-allowable bank fees	(1,822)	21	6
7	Non-allowable auto expense - marketing	(210)	25	7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(288,348)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Glenshire Nursing & Rehab Centre # 0039321 Report Period Beginning: 1/01/2005 Ending: 12/31/2005

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(31,134)	0	0	0	0	40	0	0	0	0	0	(31,094)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	5,135	0	0	0	0	0	0	0	0	5,135	5
6	Maintenance	0	0	8,340	0	0	0	0	0	0	0	0	8,340	6
7	Other (specify):*	0	0	696	0	0	0	0	0	0	0	0	696	7
8	TOTAL General Services	(31,134)	0	14,171	0	0	40	0	0	0	0	0	(16,923)	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	(208,986)	0	0	0	0	0	0	0	0	0	0	(208,986)	10
10a	Therapy	0	0	0	0	0	(111,272)	0	0	0	0	0	(111,272)	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	27,525	0	0	0	0	0	27,525	15
16	TOTAL Health Care and Programs	(208,986)	0	0	0	0	(83,747)	0	0	0	0	0	(292,733)	16
	C. General Administration													
17	Administrative	0	0	(611,544)	(1,062,504)	0	0	0	0	0	0	0	(1,674,048)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(44,617)	0	18,271	0	5,000	59	0	0	0	0	0	(21,287)	19
20	Fees, Subscriptions & Promotions	0	0	1,662	0	0	23,861	0	0	0	0	0	25,523	20
21	Clerical & General Office Expenses	(1,822)	0	358,662	0	2,824	12,522	0	0	0	0	0	372,186	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	0	527	0	0	1,152	0	0	0	0	0	1,679	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	(210)	0	4,023	0	0	626	0	0	0	0	0	4,439	25
26	Insurance-Prop.Liab.Malpractice	0	0	2,894	0	0	0	0	0	0	0	0	2,894	26
27	Other (specify):*	0	0	72,646	0	0	683	0	0	0	0	0	73,329	27
28	TOTAL General Administration	(46,649)	0	(152,859)	(1,062,504)	7,824	38,903	0	0	0	0	0	(1,215,285)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(286,769)	0	(138,688)	(1,062,504)	7,824	(44,804)	0	0	0	0	0	(1,524,941)	29

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
(to Sch V, col.7)														
30	Depreciation	0	0	27,785	0	388,798	0	0	0	0	0	0	416,583	30
31	Amortization of Pre-Op. & Org.	(6,693)	0	0	0	0	0	0	0	0	0	0	(6,693)	31
32	Interest	(19,746)	0	113	0	560,904	0	0	0	0	0	0	541,271	32
33	Real Estate Taxes	0	0	9,885	0	771,337	0	0	0	0	0	0	781,222	33
34	Rent-Facility & Grounds	0	0	0	0	(2,488,297)	0	0	0	0	0	0	(2,488,297)	34
35	Rent-Equipment & Vehicles	0	0	5,799	0	0	0	0	0	0	0	0	5,799	35
36	Other (specify):*	0	0	0	0	55,148	0	0	0	0	0	0	55,148	36
37	TOTAL Ownership	(26,439)	0	43,582	0	(712,110)	0	0	0	0	0	0	(694,967)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	(188,105)	0	0	0	0	0	0	0	0	0	0	(188,105)	43
44	TOTAL Special Cost Centers	(188,105)	0	0	0	0	0	0	0	0	0	0	(188,105)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(501,313)	0	(95,106)	(1,062,504)	(704,286)	(44,804)	0	0	0	0	0	(2,408,013)	45

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
Sidney Glenner	80.00 %	GlenBridge Nursing & Rehabilitation Centre,Ltd.	Niles	SEE ATTACHED SCHEDULE A		
Barry Ray	20.00 %	GlenCrest Nursing & Rehabilitation Centre,Ltd.	Chicago			
		Glen Elston Nursing & Rehabilitation Centre,Ltd.	Chicago			
		Glen Oaks Nursing & Rehabilitation Centre,Ltd.	Northbrook			

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES

☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V		Total from Page 6A	\$ 732,000	Glen Health and Home Management, Inc.	A	\$ 636,894	\$ (95,106)	1
2	V								2
3	V		Total from Page 6B	1,062,504	GlenBar Management Company, Ltd.	B		(1,062,504)	3
4	V								4
5	V		Total from Page 6C	2,488,297	GlenShire Real Estate and Development Limited Partnership	C	1,784,011	(704,286)	5
6	V								6
7	V		Total from Page 6D	380,388	Therapy Masters, Inc.	D	335,584	(44,804)	7
8	V								8
9	V				OWNERSHIP REFERENCE:				9
10	V				A: Owned 100.00 % by Sidney Glenner through attribution				10
11	V				B: Owned 80.00 % by Sidney Glenner & 20.00 % by Barry Ray				11
12	V				C: Owned 60.00 % (constructively) by Sidney Glenner & 20.00 % by Barry Ray				12
13	V				D: Owned 60.00 % by Sidney Glenner and 40.00 % by Barry Ray				13
14	Total			\$ 4,663,189			\$ 2,756,489	\$ * (1,906,700)	14

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	17	Management Fees	\$ 732,000	Glen Health and Home Management, Inc.	A	\$	(732,000)	15
16	V	5	Utilities		Glen Health and Home Management, Inc.	A	5,135	5,135	16
17	V	6	Repairs and Maintenance		Glen Health and Home Management, Inc.	A	4,509	4,509	17
18	V	19	Professional Fees		Glen Health and Home Management, Inc.	A	18,271	18,271	18
19	V	20	Licenses, Permits and Inspection		Glen Health and Home Management, Inc.	A	1,662	1,662	19
20	V	21	Clerical		Glen Health and Home Management, Inc.	A	31,070	31,070	20
21	V	22	Employee Benefits and Payroll		Glen Health and Home Management, Inc.	A	65,629	65,629	21
22	V	23	Training and Education		Glen Health and Home Management, Inc.	A	527	527	22
23	V	25	Auto Expenses		Glen Health and Home Management, Inc.	A	4,023	4,023	23
24	V	26	Insurance		Glen Health and Home Management, Inc.	A	2,894	2,894	24
25	V	32	Amortization of Mortgage Costs		Glen Health and Home Management, Inc.	A	113	113	25
26	V	30	Depreciation		Glen Health and Home Management, Inc.	A	27,785	27,785	26
27	V	33	Real Estate Taxes		Glen Health and Home Management, Inc.	A	9,885	9,885	27
28	V	35	Equipment and Vehicle Rental		Glen Health and Home Management, Inc.	A	5,799	5,799	28
29	V	6	Janitorial Salaries		Glen Health and Home Management, Inc.	A	3,831	3,831	29
30	V	17	Officer's Salaries		Glen Health and Home Management, Inc.	A	120,456	120,456	30
31	V	21	Administrative Salaries		Glen Health and Home Management, Inc.	A	236,444	236,444	31
32	V	21	Administrative Salaries		Glen Health and Home Management, Inc.	A	91,148	91,148	32
33	V	27	Employee Benefits		Glen Health and Home Management, Inc.	A	7,713	7,713	33
34	V	22	Employee Benefits		Glen Health and Home Management, Inc.	A	(65,629)	(65,629)	34
35	V	7	Employee Benefits - Janitorial		Glen Health and Home Management, Inc.	A	696	696	35
36	V	27	Employee Benefits - Officer's		Glen Health and Home Management, Inc.	A	15,653	15,653	36
37	V	27	Employee Benefits - Admin		Glen Health and Home Management, Inc.	A	49,280	49,280	37
38	V								38
39	Total			\$ 732,000			\$ 636,894	\$ * (95,106)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	17	Administrative	\$ 1,062,504	GlenBar Management Company, Ltd.	B	\$	\$ (1,062,504)	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 1,062,504			\$ 0	\$ * (1,062,504)	39

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES

☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	21	Clerical	\$	GlenShire Real Estate & Development Limited Partnership	C	\$ 2,824	\$ 2,824	15
16	V	30	Depreciation		GlenShire Real Estate & Development Limited Partnership	C	388,798	388,798	16
17	V	32	Interest Income		GlenShire Real Estate & Development Limited Partnership	C	(16,365)	(16,365)	17
18	V	32	Interest Expense		GlenShire Real Estate & Development Limited Partnership	C	572,909	572,909	18
19	V	33	Real Estate Taxes		GlenShire Real Estate & Development Limited Partnership	C	771,337	771,337	19
20	V	34	Rental Income	2,488,297	GlenShire Real Estate & Development Limited Partnership	C		(2,488,297)	20
21	V	32	Amortization of Mortgage Costs		GlenShire Real Estate & Development Limited Partnership	C	4,360	4,360	21
22	V	36	Mortgage Insurance Premium		GlenShire Real Estate & Development Limited Partnership	C	55,148	55,148	22
23	V	19	Professional Fees		GlenShire Real Estate & Development Limited Partnership	C	5,000	5,000	23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 2,488,297			\$ 1,784,011	\$ * (704,286)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ X

 YES

☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	10a	Therapy	\$ 380,388	Therapy Masters, Inc.	D	\$ 269,116	\$ (111,272)	15
16	V	19	Professional Fees		Therapy Masters, Inc.	D	59	59	16
17	V	20	Licenses, Permits and Inspection		Therapy Masters, Inc.	D	215	215	17
18	V	20	Advertising - Help Wanted		Therapy Masters, Inc.	D	241	241	18
19	V	20	Employment Fees		Therapy Masters, Inc.	D	23,405	23,405	19
20	V	21	Clerical		Therapy Masters, Inc.	D	5,719	5,719	20
21	V	22	Employee Benefits and Payroll		Therapy Masters, Inc.	D	28,208	28,208	21
22	V	23	Training and Education		Therapy Masters, Inc.	D	1,152	1,152	22
23	V	25	Auto Expenses		Therapy Masters, Inc.	D	626	626	23
24	V	2	Food Purchase		Therapy Masters, Inc.	D	40	40	24
25	V	21	Clerical Salaries		Therapy Masters, Inc.	D	6,803	6,803	25
26	V	22	Employee Benefits		Therapy Masters, Inc.	D	(28,208)	(28,208)	26
27	V	15	Employee Benefits - Therapy		Therapy Masters, Inc.	D	27,525	27,525	27
28	V	27	Employee Benefits - Clerical		Therapy Masters, Inc.	D	683	683	28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 380,388			\$ 335,584	\$ * (44,804)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1	2	3	4	5	6		7		8	
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**		Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Sidney Glenner	President	Administrative	80.00 %	139,585	12	19.8 %	Salary	\$ 34,416	Ln 17, Col 7	1
2	David Glenner	Vice President	Administrative	0.00 %	69,792	8	19.8 %	Salary	17,208	Ln 17, Col 7	2
3	Jonathan Glenner	Clerical	Clerical	0.00 %	23,860	8	19.8 %	Salary	5,883	Ln 21, Col 7	3
4	Joshua Ray	V.P. of Operations	Administrative	0.00 %	181,056	8	19.8 %	Salary	34,416	Ln 17, Col 7	4
5	Barry Ray	Vice President	Administrative	20.00 %	139,585	8	19.8 %	Salary	34,416	Ln 17, Col 7	5
6											6
7											7
8											8
9											9
10											10
11			See Schedule B								11
12											12
13								TOTAL	\$ 126,339		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glenshire Nursing & Rehab Centre # 0039321 Report Period Beginning: 1/01/2005 Ending: 2/31/2005

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☒ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization Glen Health & Home Management, Inc.
Street Address 5454 West Fargo Avenue
City / State / Zip Code Skokie, IL 60077
Phone Number (847) 674-5454
Fax Number (847) 674-8311

	1	2	3	4	5	6	7	8	9	
	Schedule V		Unit of Allocation		Number of	Total Indirect	Amount of Salary	Facility	Allocation	
	Line	Item	(i.e.,Days, Direct Cost,	Total Units	Subunits Being	Cost Being	Cost Contained	Units	(col.8/col.4)x col.6	
	Reference		Square Feet)		Allocated Among	Allocated	in Column 6			
1	5	Utilities	Resident Days	403,179	5	\$ 25,964	\$	79,745	\$ 5,135	1
2	6	Repairs and Maintenance	Resident Days	403,179	5	22,798		79,745	4,509	2
3	19	Professional Fees	Resident Days	403,179	5	92,376		79,745	18,271	3
4	20	Licenses,Permits and Inspection	Resident Days	403,179	5	8,403		79,745	1,662	4
5	21	Clerical	Resident Days	403,179	5	157,085		79,745	31,070	5
6	22	Employee Benefits and Payroll	Resident Days	403,179	5	331,810		79,745	65,629	6
7	23	Training and Education	Resident Days	403,179	5	2,662		79,745	527	7
8	25	Auto Expenses	Resident Days	403,179	5	20,340		79,745	4,023	8
9	26	Insurance	Resident Days	403,179	5	14,632		79,745	2,894	9
10	32	Amortization of Mortgage Cost	Resident Days	403,179	5	573		79,745	113	10
11	30	Depreciation	Resident Days	403,179	5	140,479		79,745	27,785	11
12	33	Real Estate Taxes	Resident Days	403,179	5	49,976		79,745	9,885	12
13	35	Equipment and Vehicle Rental	Resident Days	403,179	5	29,318		79,745	5,799	13
14	6	Janitorial Salaries	Resident Days	403,179	5	19,371	19,371	79,745	3,831	14
15	17	Officer's Salaries	Resident Days	403,179	5	609,000	609,000	79,745	120,456	15
16	21	Administrative Salaries	Resident Days	403,179	5	1,195,427	1,195,427	79,745	236,444	16
17	21	Administrative Salaries	Direct Cost			91,148	91,148		91,148	17
18	27	Employee Benefits	Direct Cost			7,713			7,713	18
19	22	Employee Benefits	Payroll						(65,629)	19
20	7	Employee Benefits - Janitorial	Payroll						696	20
21	27	Employee Benefits - Officer's	Payroll						15,653	21
22	27	Employee Benefits - Admin	Payroll						49,280	22
23										23
24										24
25	TOTALS					\$ 2,819,075	\$ 1,914,946		\$ 636,894	25

SEE ACCOUNTANTS' COMPILATION REPORT

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2	3	4	5	6	7	8	9	10		
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
		YES	NO				Original	Balance				
	A. Directly Facility Related											
	Long-Term											
1	GMAC Commerical Mortgage		X	Mortgage	\$129,002.76	4/28/04	\$ 10,935,500	\$ 10,612,798	4/01/2030	0.0535	\$ 572,909	1
2	GMAC Commerical Mortgage		X	Amortization of mortgage costs							4,360	2
3	MB Financial		X	Finance equipment purchase	\$6,602.78	12/22/03	380,930	228,558	12/22/2008	0.0400	22,467	3
4												4
5												5
	Working Capital											
6							Mortgage interest allocated from Management Company:				113	6
7												7
8												8
9	TOTAL Facility Related				\$135,605.54		\$ 11,316,430	\$ 10,841,356			\$ 599,849	9
	B. Non-Facility Related*											
10									Interest Income Offset:		(36,111)	10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						\$	\$			\$ (36,111)	14
15	TOTALS (line 9+line14)						\$ 11,316,430	\$ 10,841,356			\$ 563,738	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V.

\$ 55,148

Line # 36

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7.
(See instructions.)

SEE ACCOUNTANTS' COMPILATION REPORT

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2.
(See instructions.)

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

		Important , please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.			
1. Real Estate Tax accrual used on 2004 report.				\$	711,000 1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)				\$	728,337 2
3. Under or (over) accrual (line 2 minus line 1).				\$	17,337 3
4. Real Estate Tax accrual used for 2005 report. (Detail and explain your calculation of this accrual on the lines below.)				\$	754,000 4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)				\$	5,000 5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund.					
TOTAL REFUND \$ For Tax Year. (Attach a copy of the real estate tax appeal board's decision.)				\$	
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.				\$	776,337 7
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:		2000	658,315	8	
		2001	703,338	9	
		2002	667,743	10	
		2003	686,736	11	
		2004	728,337	12	
See Attached Schedule G For Calculation Of 2005 Real Estate Tax Accrual.				13	FROM R. E. TAX STATEMENT FOR 2004 \$ 13
				14	PLUS APPEAL COST FROM LINE 5 \$ 14
				15	LESS REFUND FROM LINE 6 \$ 15
				16	AMOUNT TO USE FOR RATE CALCULATION \$ 16

- NOTES:
1. Please indicate a negative number by use of brackets(). Deduct any overaccrual of taxes from prior year.

2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.
This denial must be no more than four years old at the time the cost report is filed.

SEE ACCOUNTANTS' COMPILATION REPORT

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates RE: 2004 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2004 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2004.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2004 real estate tax bill to the Department of Public Aid, Bureau of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2005 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Bureau of Health Finance at (217) 782-1630.

2004 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAMEGlenshire Nursing & Rehab CentreCOUNTYCook

FACILITY IDPH LICENSE NUMBER0039321

CONTACT PERSON REGARDING THIS REPORTCharles J. Fischer

TELEPHONE(312) 634-4580FAX #:(312) 634-5518

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2004 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2004.

(A)	(B)	(C)	(D)
Tax Index Number	Property Description	Total Tax	Tax Applicable to Nursing Home
1. 31-34-100-012-0000	22660 S. Cicero Ave, Richton Park IL	\$ 728,336.76	\$ 728,336.76
2. Allocated from Management Company:		\$ 49,976.00	\$ 9,885.00
3.		\$	\$
4.		\$	\$
5.		\$	\$
6.		\$	\$
7.		\$	\$
8.		\$	\$
9.		\$	\$
10.		\$	\$
TOTALS		\$ 778,312.76	\$ 738,221.76

B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? YES X NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. Tax Bills

Attach a copy of the original 2004 tax bills which were listed in Section A to this statement. Be sure to use the 2004 tax bill which is normally paid during 2005.

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet:

91,624

B. General Construction Type:

Exterior

Brick

Frame

Steel

Number of Stories

Four

C. Does the Operating Entity?

☐

(a) Own the Facility

☒

(b) Rent from a Related Organization.

☐

(c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity?

☒

(a) Own the Equipment

☒

(b) Rent equipment from a Related Organization.

☒

(c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

NONE

F. Does this cost report reflect any organization or pre-operating costs which are being amortized?

☐

YES

☒

NO

If so, please complete the following:

1. Total Amount Incurred:

2. Number of Years Over Which it is Being Amortized:

3. Current Period Amortization:

4. Dates Incurred:

Nature of Costs:

(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	Patient Care	146,800	1994	\$ 300,792	1
2	Allocated from Management Company:			18,960	2
3	TOTALS	146,800		\$ 319,752	3

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glenshire Nursing & Rehab Centre

0039321

Report Period Beginning:

1/01/2005

Ending:

12/31/2005

XI. OWNERSHIP COSTS (continued)**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

	1	FOR OHF USE ONLY	2	3	4	5	6	7	8	9	
	Beds*		Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	294		1994	1981	\$ 11,663,928	\$	30	\$ 388,798	\$ 388,798	\$ 4,600,773	4
5											5
6	Alloc from				404,357			9,403	9,403		6
7	Mgt Comp										7
8	ScheduleJ										8
	Improvement Type**										
9	Building Improvements		1994		78,204		10			78,204	9
10	Building Improvements		1995		107,573	3,587	10	3,587		107,573	10
11	Custom built 3rd floor nurses station		1995		6,595	875	10	875		6,595	11
12	Time delay egress locks and keypad		1995		3,550	474	10	474		3,550	12
13	Chimney		1995		1,016	132	10	132		1,016	13
14	Wall bumpers		1995		7,713	1,030	10	1,030		7,713	14
15	Room conversion - remodeling cost		1996		7,024	702	10	702		6,786	15
16	Electrical outlets and circuits		1997		18,500	1,850	10	1,850		16,033	16
17	Electrical outlets and circuits - dialysis room		1997		2,950	295	10	295		2,557	17
18	Air cleaner		1997		1,375	138	10	138		1,194	18
19	Fluorescent and incandescent lights		1997		9,775	978	10	978		8,474	19
20	Waste removal pump		1997		993	99	10	99		859	20
21	Boiler		1997		3,169	317	10	317		2,747	21
22	Food freezer floor		1997		2,700	270	10	270		2,070	22
23	New elevator clutch assembly		1997		1,644	164	10	164		1,258	23
24	Heat exchange for boiler		1997		2,392	239	10	239		1,833	24
25	Gazebo		1998		10,528	1,053	10	1,053		8,072	25
26	Fire sprinkler system repairs		1998		1,604	160	10	160		1,228	26
27	Security system		1998		1,917	192	10	192		1,471	27
28	Storage tank		1998		4,875	488	10	488		3,740	28
29	Elevator repairs		1998		2,706	271	10	271		2,077	29
30	HVAC replacements		1998		3,855	386	10	386		2,958	30
31	Hydraulic repack on all elevators		1998		2,500	250	10	250		1,917	31
32	Replace water heater		1998		2,697	270	10	270		2,069	32
33	Chain link fencing		1998		2,010	201	10	201		1,541	33
34	Elevator repairs		1998		2,747	275	10	275		2,108	34
35											35
36											36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A, Line 70 for total

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glenshire Nursing & Rehab Centre

0039321

Report Period Beginning:

1/01/2005

Ending:

12/31/2005

XI. OWNERSHIP COSTS (continued)**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Therapy room remodeling: drywall, electrical closet, piping	1998	\$ 8,525	\$ 853	10	\$ 853	\$	\$ 5,686	37
38	Dialysis room: kitchen area	1998	2,757	276	10	276		1,839	38
39	10-B label fire rated doors	1998	4,376	438	10	438		2,920	39
40	Install cooling units in elevator and MDS office	1998	11,649	1,165	10	1,165		7,088	40
41	Mini-blinds	1998	1,565	157	10	157		1,202	41
42	November 30, 1998 credit	1998	(1,755)	(176)	10	(176)		(1,173)	42
43	Add suction and liquid filters to compressor	2000	3,982	398	10	398		2,189	43
44	Replace wood fence	2000	2,300	230	10	230		1,265	44
45	Asphalt and striping project	2000	8,365	836	10	836		4,598	45
46	Metal doors, install lighting by staircase	2000	6,010	601	10	601		3,306	46
47	Install alarm with keypad at front door	2000	1,177	118	10	118		649	47
48	Furnish and install 9,000 BTU mini air-conditioning system	2000	2,200	220	10	220		1,210	48
49	Install ceramic tiles	2000	1,373	138	10	138		759	49
50	Power rinse tank for dish washing machine	2001	2,594	259	10	259		1,166	50
51	Rebuild condenser water pump	2001	5,198	520	10	520		2,340	51
52	Install two grey boxes and mixing valves	2001	4,111	411	10	411		1,850	52
53	Install portable chiller	2001	2,891	289	10	289		1,301	53
54	Provide panel and circuiting to feed 20 dialysis receptacles	2001	10,914	1,091	10	1,091		4,910	54
55	Circulating pump	2001	3,385	339	10	339		1,525	55
56	Exterior lock doors	2001	3,423	342	10	342		1,539	56
57	Painting project	2002	11,500	1,150	10	1,150		4,025	57
58	Vinyl blinds	2002	8,765	877	10	877		3,069	58
59	Installation of fire dampers and thermal blankets	2002	5,318	532	10	532		1,862	59
60	Dialysis room renovation	2002	14,500	1,450	10	1,450		5,075	60
61	Replace controller on air-conditioner	2002	3,570	357	10	357		1,249	61
62	Painting project	2002	9,540	954	10	954		3,339	62
63	Installation of chemical treatment system	2002	2,300	230	10	230		805	63
64	Roof project	2002	3,350	335	10	335		1,173	64
65	Remove and replace concrete patio	2002	1,800	180	10	180		630	65
66	Pro Tech Systems project	2002	1,793	179	10	179		627	66
67	Installation of oak fire doors	2003	2,156	216	10	216		540	67
68	Installation of new chandeliers and wall sconces	2003	4,635	464	10	464		1,160	68
69									69
70	TOTAL (lines 4 thru 69)		\$ 12,513,164	\$ 30,125		\$ 428,326	\$ 398,201	\$ 4,946,139	70

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Glenshire Nursing & Rehab Centre

0039321

Report Period Beginning:

1/01/2005

Ending:

12/31/2005

XI. OWNERSHIP COSTS (continued)**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 12,513,164	\$ 30,125		\$ 428,326	\$ 398,201	\$ 4,946,139	1
2	Chandeliers and wall sconces	2002	3,739	374	10	374		1,309	2
3	Installation of break tank system	2003	1,892	189	10	189		473	3
4	Fire pump project	2003	4,270	427	10	427		1,068	4
5	Installed gauge and adjust compressor core	2004	1,557	156	10	156		234	5
6	Replace and test 120VAC timer relay on elevator car	2004	2,058	206	10	206		309	6
7	Replace relay and diode in elevator	2004	3,398	340	10	340		510	7
8	Installed and rewired new detector edge	2004	1,600	160	10	160		240	8
9	Installed door locks	2004	3,192	319	10	319		479	9
10	Installation of new detector unit on elevator	2005	2,290	115	10	115		115	10
11	Furnish and install glass frame on receptionist counter	2005	1,495	75	10	75		75	11
12	Bearing job on washing machine	2005	1,718	86	10	86		86	12
13	Installed new coils in walk-in cooler	2005	1,955	98	10	98		98	13
14	Installed and wired new detector edge on elevator	2005	2,720	136	10	136		136	14
15	Installation of drier exhaust with booster fan	2005	1,500	75	10	75		75	15
16	Keypad alarm installation	2005	1,222	61	10	61		61	16
17	Two doors with custom hinges and locks	2005	1,042	52	10	52		52	17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26	Allocated from Management Company:		32,725			2,803	2,803	22,277	26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 12,581,537	\$ 32,994		\$ 433,998	\$ 401,004	\$ 4,973,736	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)								
	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$903,688	\$86,614	\$86,614	\$	10 years	\$346,156	71
72	Current Year Purchases	5,005	250	250		10 years	250	72
73	Fully Depreciated Assets	1,052,827	1,908	1,908		5,10 years	1,052,827	73
74	Allocated from Management Company:	170,589		12,725	12,725		130,842	74
75	TOTALS	\$2,132,109	\$88,772	\$101,497	\$12,725		\$1,530,075	75

D. Vehicle Depreciation (See instructions.)*									
	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9
76	Patient Care	2001 Toyota Camry	2004	\$10,770	\$2,154	\$2,154	\$	5 years	\$3,231
77									
78	Allocated from Management Company:			31,058		2,854	2,854		24,596
79									
80	TOTALS			\$41,828	\$2,154	\$5,008	\$2,854		\$27,827

E. Summary of Care-Related Assets				1	2
		Reference			Amount
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)			\$15,075,226
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)			\$123,920
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)			\$540,503
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)			\$416,583
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)			\$6,531,638

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)				
	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4
86		\$	\$	\$
87				
88				
89				
90				
91	TOTALS	\$	\$	\$

G. Construction-in-Progress		
	Description	Cost
92		\$
93		
94		
95		\$

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A
2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions.
- ☐ YES
- ☐ NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5								5
6								6
7	TOTAL				\$			7

8. List separately any amortization of lease expense included on page 4, line 34.
This amount was calculated by dividing the total amount to be amortized
by the length of the lease
- N/A
- N/A

9. Option to Buy:
- ☐ YES
- ☒ NO
- Terms: N/A
- *

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental?
- ☐ YES
- ☒ NO
16. Rental Amount for movable equipment: \$ 12,924
- Description: Copier \$7,260, Ice-maker \$1,705, Postage meter \$1,131, Management Co Allocation \$2,828
- (Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	Allocated from Management Company:		\$	\$ 2,971	17
18					18
19					19
20					20
21	TOTAL		\$	\$ 2,971	21

10. Effective dates of current rental agreement:

Beginning

Ending

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	/2006	\$
13.	/2007	\$
14.	/2008	\$

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

A. TYPE OF TRAINING PROGRAM (If CNAs are trained in another facility program, attach a schedule listing the facility name, address and cost per CNA trained in that facility.)

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?

☐ YES

☒ NO

It is the policy of this facility to hire only certified nurses aides.
If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

COMMUNITY COLLEGE

HOURS PER CNA

☐

☐

☐

3. CLINICAL PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

HOURS PER CNA

☐

☐

B. EXPENSES

C. CONTRACTUAL INCOME

D. NUMBER OF CNAs TRAINED

ALLOCATION OF COSTS (d)

In the box below record the amount of income your facility received training CNAs from other facilities.

		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$	\$	\$	\$
10	SUM OF line 9, col. 1 and 2 (e)	\$			

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.

(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.

(c) For in-house training programs only. Do not include fringe benefits.

(d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.

(e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.

(f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

SEE ACCOUNTANTS' COMPILATION REPORT

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

	1	2	3	4	5	6	7	8		
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	Ln10a,Col 2&3	hrs	\$	3,559	\$ 169,134	\$ 1,026	3,559	\$ 170,160	1
2	Licensed Speech and Language Development Therapist	Ln 10a, Col 3	hrs		911	45,019		911	45,019	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	Ln10a,Col 2&3	hrs		3,021	166,235	1,571	3,021	167,806	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	Ln 39, Col 2	# of prescrpts				449,228		449,228	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program	Ln 39, Col 2					50,178		50,178	12
13	Radiology, Laboratory & Dialysis Other (specify): Respiratory Therapy	Ln 39, Col 3 Ln10a,Col 1&3	8,579 hours	185,573	1,236	133,274 69,686		9,815	133,274 255,259	13
14	TOTAL			\$ 185,573	8,727	\$ 583,348	\$ 502,003	17,306	\$ 1,270,924	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as CNAs, who help with the above activities should not be listed on this schedule.

SEE ACCOUNTANTS' COMPILATION REPORT

This report must be completed even if financial statements are attached.

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 487,699	\$ 1,838,768	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 487,500)	3,749,016	3,749,016	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	244,173	244,173	6
7	Other Prepaid Expenses		71,833	7
8	Accounts Receivable (owners or related parties)	7,299	7,299	8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 4,488,187	\$ 5,911,089	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		319,752	13
14	Buildings, at Historical Cost		12,068,285	14
15	Leasehold Improvements, at Historical Cost	477,236	513,252	15
16	Equipment, at Historical Cost	1,056,902	2,173,937	16
17	Accumulated Depreciation (book methods)	(830,501)	(6,531,638)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (spe Goodwill	22,391	22,391	22
23	Other(specify): Mortgage Costs (Net)		106,095	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 726,028	\$ 8,672,074	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 5,214,215	\$ 14,583,163	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 45,665	\$ 45,665	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	6,706	6,706	28
29	Short-Term Notes Payable	76,186	76,186	29
30	Accrued Salaries Payable	129,113	129,113	30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)		754,000	32
33	Accrued Interest Payable		47,315	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	See Attached Schedule E:	676,668	676,668	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 934,338	\$ 1,735,653	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	152,372	152,372	39
40	Mortgage Payable		10,612,798	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	Due to GlenShire R.E. LLC	915,747		43
44	Due to Officers	9,527,500	9,527,500	44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 10,595,619	\$ 20,292,670	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 11,529,957	\$ 22,028,323	46
47	TOTAL EQUITY(page 18, line 24)	\$ (6,315,742)	\$ (7,445,160)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 5,214,215	\$ 14,583,163	48

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (4,183,298)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (4,183,298)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(2,132,444)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (2,132,444)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ (6,315,742)	24

* Operating Entity Only

* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

1			
	Revenue	Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	\$ 11,882,582	1
2	Discounts and Allowances for all Levels	(3,487,996)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 8,394,586	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	920,858	6
7	Oxygen	494,670	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 1,415,528	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	586,872	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	167,480	19
20	Radiology and X-Ray	10,995	20
21	Other Medical Services	1,383,674	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 2,149,021	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	19,746	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 19,746	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28			28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 11,978,881	30

2			
	Expenses	Amount	
	A. Operating Expenses		
31	General Services	1,807,889	31
32	Health Care	5,025,059	32
33	General Administration	3,645,151	33
	B. Capital Expense		
34	Ownership	2,651,473	34
	C. Ancillary Expense		
35	Special Cost Centers	820,785	35
36	Provider Participation Fee	160,968	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 14,111,325	40
41	Income before Income Taxes (line 30 minus line 40)**	(2,132,444)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (2,132,444)	43

* This must agree with page 4, line 45, column 4.

** Does this agree with taxable income (loss) per Federal Income Tax Return? No If not, please attach a reconciliation.

*** See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation. SEE ACCOUNTANTS' COMPILATION REPORT

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	1,426	1,479	\$ 54,274	\$ 36.70	1
2	Assistant Director of Nursing	1,838	2,001	55,081	27.53	2
3	Registered Nurses	22,996	24,598	649,188	26.39	3
4	Licensed Practical Nurses	38,525	40,094	868,053	21.65	4
5	CNAs & Orderlies	112,171	117,286	1,051,956	8.97	5
6	CNA Trainees					6
7	Licensed Therapist	7,281	7,621	185,573	24.35	7
8	Rehab/Therapy Aides	6,416	7,286	81,061	11.13	8
9	Activity Director	2,986	3,247	57,051	17.57	9
10	Activity Assistants	10,334	11,432	98,108	8.58	10
11	Social Service Workers	8,892	9,543	121,497	12.73	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook	1,997	2,088	52,248	25.02	14
15	Cook Helpers/Assistants	32,852	35,300	279,705	7.92	15
16	Dishwashers					16
17	Maintenance Workers	6,708	7,454	87,901	11.79	17
18	Housekeepers	30,017	31,970	257,764	8.06	18
19	Laundry	12,326	13,624	117,003	8.59	19
20	Administrator	2,571	2,846	75,940	26.68	20
21	Assistant Administrator	1,619	1,855	34,571	18.64	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	14,337	15,082	217,080	14.39	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	589	738	7,437	10.08	31
32	Other Health Care(specify)					32
33	Other(specify) <u>Ward Clerks</u>	7,898	8,485	95,753	11.28	33
34	TOTAL (lines 1 - 33)	323,779	344,029	\$ 4,447,244 *	\$ 12.93	34

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	Monthly	\$ 24,375	Ln 1, Col 3	35
36	Medical Director	Monthly	25,836	Ln 9, Col 3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	2,220	Ln 10, Col 3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	67	3,203	Ln 11, Col 3	44
45	Social Service Consultant	50	2,524	Ln 12, Col 3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	117	\$ 58,158		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	2,930	\$ 143,554	Ln 10, Col 3	50
51	Licensed Practical Nurses	9,283	324,892	Ln 10, Col 3	51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	12,213	\$ 468,446		53

SEE ACCOUNTANTS' COMPILATION REPORT

* This total must agree with page 4, column 1, line 45.

** See instructions.

STATE OF ILLINOIS

Facility Name & ID Number

Glenshire Nursing & Rehab Centre

0039321

Report Period Beginning: 1/01/2005

Page 21

Ending: 12/31/2005

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name

Function

Ownership %

Amount

David Shires

Administrator

0.00 %

\$ 74,857

Zina Ward

Administrator

0.00 %

1,083

Chaim Dubovick

Asst Administrator

0.00 %

34,571

TOTAL (agree to Schedule V, line 17, col. 1)

(List each licensed administrator separately.)

\$ 110,511

B. Administrative - Other

Description

Amount

Management Fees (eliminated in Column 7)

\$ 1,794,504

TOTAL (agree to Schedule V, line 17, col. 3)

(Attach a copy of any management service agreement)

\$ 1,794,504

C. Professional Services

Vendor/Payee

Type

Amount

\$

See Attached Schedule C:

72,405

TOTAL (agree to Schedule V, line 19, column 3)

(If total legal fees exceed \$2500 attach copy of invoices.)

\$ 72,405

D. Employee Benefits and Payroll Taxes

Description

Amount

Workers' Compensation Insurance

\$ 116,438

Unemployment Compensation Insurance

135,118

FICA Taxes

350,694

Employee Health Insurance

120,863

Employee Meals

23,115

Illinois Municipal Retirement Fund (IMRF)*

Uniform Allowance

52

401K Match

2,061

Other Employee Benefits

8,046

Union Health and Welfare

36,300

See Attached Schedule D:

0

TOTAL (agree to Schedule V, line 22, col.8)

\$ 792,687

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description

Line #

Amount

\$

TOTAL

\$

F. Dues, Fees, Subscriptions and Promotions

Description

Amount

IDPH License Fee

\$ 1,990

Advertising: Employee Recruitment

46,985

Health Care Worker Background Check

4,930

(Indicate # of checks performed 493)

Illinois Council on Long Term Care Dues

15,995

Employment Fees

60,348

Elevator, Equipment, Boiler Inspections

404

Secretary of State, Sam's Club Membrshp

378

Allocated from Therapy Masters, Inc:

23,861

Allocated from Management Company:

1,662

Less: Public Relations Expense

()

Non-allowable advertising

()

Yellow page advertising

()

TOTAL (agree to Sch. V, line 20, col. 8)

\$ 156,553

G. Schedule of Travel and Seminar**

Description

Amount

Out-of-State Travel

\$

In-State Travel

Seminar Expense

Entertainment Expense

()

(agree to Sch. V, line 24, col. 8)

TOTAL

\$

* Attach copy of IMRF notifications

**See instructions.

SEE ACCOUNTANTS' COMPILATION REPORT

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2002	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009	FY2010
1	N/A		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

SEE ACCOUNTANTS' COMPILATION REPORT

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Yes
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. Illinois Council on Long Term Care \$15,995
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 10 years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 21,501 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. N/A
- (9) Are you presently operating under a sublease agreement? YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over. N/A
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 160,968
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.

SEE ACCOUNTANTS' COMPILATION REPORT

- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 23,115 Has any meal income been offset against related costs? No Indicate the amount. \$ N/A
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
c. What percent of all travel expense relates to transportation of nurses and patients? N/A
d. Have vehicle usage logs been maintained? Yes
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? N/A
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? No
Firm Name: N/A The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? N/A If no, please explain. N/A
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$2500, have legal invoices and a summary of services performed been attached to this cost report? Yes
Attach invoices and a summary of services for all architect and appraisal fees.

GlenShire Nursing and Rehabilitation Centre, Ltd.
Provider I.D. # 0039321
12/31/2005

SCHEDULE A

SCHEDULE VII. RELATED PARTIES
Part A. Col.3

3 OTHER RELATED BUSINESS ENTITIES		
Name	City	Type of Business
Glen Health & Home Management, Inc.	Skokie	Management Company
GlenBar Management Company, Ltd.	Skokie	Management Company
GlenShire Real Estate & Development Limited Partnership	Skokie	Building Lessor
Fargo Real Estate & Development, LLC	Skokie	Building Lessor - Management Company
Therapy Masters	Skokie	Therapy company
VNA Home Health of Illinois, Ltd.	Skokie	Home Health agency
VNA Private Duty of Illinois, Ltd.	Skokie	Home Health agency

See Accountants' Compilation Report

GlenShire Nursing and Rehabilitation Centre, LTD.
Provider # 0039321
12/31/2005

SCHEDULE B

SCHEDULE VII RELATED PARTIES

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

Name	Compensation Received From Other Nursing Homes				Total
	Glen Elston Nursing & Rehab. Centre, Ltd.	GlenCrest Nursing & Rehab. Centre, Ltd.	Glen Oaks Nursing & Rehab. Centre, Ltd.	GlenBridge Nursing & Rehab. Centre, Ltd.	
Sidney Glenner	17,455	39,710	44,535	37,885	139,585
David Glenner	8,727	19,855	22,268	18,942	69,792
Jonathan Glenner	2,984	6,788	7,612	6,476	23,860
David Weinschneider	26,296	0	0	0	26,296
Joshua Ray	17,455	81,181	44,535	37,885	181,056
Barry Ray	17,455	39,710	44,535	37,885	139,585
Total compensation received from other Nursing Homes	90,372	187,244	163,485	139,073	580,174

See Accountants' Compilation Report

XIX. SUPPORT SCHEDULES

SCHEDULE C

Page 21

C. Professional Services

<u>Vendor/Payee</u>	<u>Type</u>	<u>AMOUNT</u>
Health Data Systems, Inc.	Computers	6,046
Advanced Answers on Demand	Computers	2,455
Kronos	Computers	1,456
American Express Tax Services	Accounting	23,054
Frost, Ruttenberg & Rothblatt	Accounting	575
Sachnoff & Weaver, Ltd.	Legal	12,386
Ira I. Silverstein	Legal	8,607
Advantage Marketing Professionals	Marketing	10,000
Personnel Planners, Inc.	Unemployment Consulting	4,025
Littler Mendelson	Legal	8,689
Myers, Miller, Standa & Krauskopf	Legal	21,399
		<u>98,692</u>
Allocated from Management Co:		
Health Data Systems, Inc. - Computer Services		416
American Express - Accounting Services		17,505
Frost, Ruttenberg & Rothblatt - Accounting Services		203
Littler Mendelson - Legal Services		147
Total allocated from Management Co.		<u>18,271</u>
Total allocated from Therapy Masters:		59
GlenShire Real Estate & Development LLC:		
JSO Valuation Group, Ltd.	Real estate appraisal	5,000
Reclass JSO Valuation Group, Ltd. to Line 33		-5,000
Non-Allowable Expenses:		
Ira I. Silverstein - A/R Collections		-8,607
Myers, Miller & Krauskopf - out of period		-3,791
Sachnoff & Weaver - out of period		-5,003
Advantage Marketing Professionals - Marketing		-10,000
American Express Tax Services		-17,216
		<u>-44,617</u>
Total adjustments page 21, Sch C.		<u><u>-26,287</u></u>
Total Schedule V, line 19, column 8		<u><u>72,405</u></u>

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SCHEDULE D

XIX. SUPPORT SCHEDULES

D. Employee Benefits and Payroll Taxes
Page 21

DESCRIPTION	AMOUNT
Allocated from Management Co.	
FICA taxes	31,472
FUTA	463
SUTA	2,604
401K Match	1,850
Insurance - Hospital	29,686
Employee Benefits	72
Other Employee Benefits	1,068
Workers Compensation Insurance	1,014
Profit Sharing Plan Contribution	5,113
Total allocated from Management Co.	73,342
Allocated Employee Benefits to Line #'s 7 & 27	(73,342)
Allocated from Therapy Masters, Inc.	
FICA taxes	19,373
FUTA	456
SUTA	976
401K Match	1,323
Insurance - Hospital	3,533
Uniform Allowance	75
Other Employee Benefits	492
Workers Compensation Insurance	765
Profit Sharing Plan Contribution	1,215
Total allocated from Therapy Masters, Inc.	28,208
Allocated Employee Benefits to Line #'s 15 & 27	(28,208)
Total	0

GlenShire Nursing and Rehabilitation Centre, Ltd.
Provider # 0039321
12/31/2005

SCHEDULE E

XV. SUPPORT SCHEDULES

Page 17, Line 36

DESCRIPTION	AMOUNT
Accrued 401K	811
Due Affiliates	16,569
Estimated Medicare Settlement	18,200
Refunds Exchange	-28,401
Accrued Wage Assignment	-784
Credit Union	450
Accrued Union Dues	3,502
Accrued Management Fees	277,087
Due to Third Party	388,224
Due Con. Mutual	1,010
Total, Page 17, Line36	676,668

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GlenShire Nursing and Rehabilitation Centre, Ltd.
Provider # 0039321
12/31/2005

SCHEDULE F

PAGE 5, SCHEDULE VI. ADJUSTMENT DETAIL
Schedule A. Nonallowable Expenses
Line 29 - Other Non-allowable costs

Description	Amount	Reference
Patient Clothing	(1,579)	43
Non-allowable professional fees	(44,617)	19
Adjust Mgt. Co. Med Supplies - Med'A' to cost	(146,033)	10
Adjust Mgt. Co. Med Supplies - 'Other' to cost	(62,953)	10
Adjust Mgt. Co. Food to cost	(31,134)	2
Non-allowable bank fees	(1,822)	21
Non-allowable auto expense - marketing	(210)	25
Total	<u>(288,348)</u>	

See Accountants' Compilation Report

GlenShire Real Estate & Development, LLC
Accrued Real Estate Taxes
12/31/2005

SCHEDULE G

	Accrued 1/1/2005	Payments	Expense	Accrued 12/31/2005
Balance @ 1/01/05	(711,000.00)		(711,000.00)	
2004 real estate taxes paid		728,336.76	728,336.76	
Estimated 2005 real estate taxes:				
2004 taxes	728,336.76			
Estimated increase	3.50%			
Estimated 2005 taxes	753,828.55			
USE	754,000.00		754,000.00	(754,000.00)
Totals	(711,000.00)	728,336.76	771,336.76	(754,000.00)

Real estate tax history:

Year	Amount	\$	Increase %
1991	443,164.00		
1992	465,682.00	22,518.00	5.08%
1993	529,742.00	64,060.00	13.76%
1994	545,165.38	15,423.38	2.91%
1995	582,936.44	37,771.06	6.93%
1996	601,796.63	18,860.19	3.24%
1997	624,000.41	22,203.78	3.69%
1998	642,857.87	18,857.46	3.02%
1999	648,110.27	5,252.40	0.82%
2000	658,314.50	10,204.23	1.57%
2001	703,338.03	45,023.53	6.84%
2002	667,742.79	(35,595.24)	-5.06%
2003	686,735.80	18,993.01	2.84%
2004	728,336.76	41,600.96	6.06%

See Accountants' Compilation Report

Provider Name: Glen Shire Nursing & Rehab Ctr.
Provider I.D. #: 0039321
Year Ended: December 31, 2005

SCHEDULE H

Training & Education

Person(s) Attending	Date Attended	Location	Title Sponsor	Total Cost
Social Service Staff	2/22/05	Facility	Marcia Colone Contemporary Role of Social Workers and Case Managers in Health Care	550
David Shires, Mary Chapman, Nancy Stein	4/13/05	Lincolnwood	Illinois Council on Long Term Care New Guidelines for Pressure Ulcer Treatment	385
David Shires	3/27/05	Flossmor	Silver College Geriatrics Today	270
Nursing Staff	4/26/4/27/05	Facility	Pulmonary Exchange Staff Skill Evaluations and training for Trach Care, suctioning and pulse oximetry	504
Nursing Staff, Social Workers & Administration	6/29/05	Facility	Pat Tadel Life Discussions: When did we take the word HOPE out of Hospice?	400
David Shires	6/20/05	Downers Grove	Global Consulting Services Alzheimer Education	150
Zina Ward, Mary Chapman	8/29/05	Chicago	Health Professionals International In-Depth Look at Geriatrics Today	450
Zina Ward, David Shires, Mary Chapman	9/7/05	Lincolnwood	Illinois Council on Long Term Care In-Depth Training for Wound Care	435
Social Service and Nursing Staff	10/25/05	Facility	Dr. James Nelson Spiritual and Religious issues in Discharge and Treatment Planning	500
Social Service Staff	6/8/05	Lincolnwood	George W. Savarese Community Resources and Discharge Planning	275
			Allocated From Management Company	527
			Allocated From Therapy Masters	1,152
Total		SEE ACCOUNTANTS' COMPILATION REPORT		5,598

GlenShire Nursing and Rehabilitation Centre, LTD.
Provider #0039321
12/31/2005

SCHEDULE I

Page 3, Schedule V, Line 25, Col 8
Other Admin. Staff Transportation

	Gasoline	Repairs	Mileage Reimb.	Licenses/ Stickers	Total
Direct Expense	1,848	1,849	5,450	126	9,273
Non-allowable auto expense - marketing					-210
Allocated from Therapy Masters, Inc.					626
Allocated from Management Company					4,023
TOTAL	1,848	1,849	5,450		13,712

See Accountants' Compilation Report

SCHEDULE J

See Accountants' Compilation Report